

H & M Student Community Volunteer Form
Please return to Mr. Jeffrey Bradley, Skyline High
Health & Medicine, Biomedical Sciences Program
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Filled out by Student:

Student Name _____

Volunteer Event _____

Date: _____

Hours Completed: _____

Filled out by Hospital/Laboratory/Company/Organization:

Contact Name: _____

Contact Phone Number _____

Can you verify that the above student has completed the volunteer hours stated?

Yes _____ No _____

Was the student on time to the event? Yes _____ No _____

Was the student professional during the event and interacting with others?

Yes _____ No _____

Was the student presentable/professionally dressed? Yes _____ No _____

Was the student willing to do what was asked of them and in a timely manner?

Yes _____ No _____

Other Comments/Suggestions:

Signature of Verification

Title